# RESEARCH PARTICIPANT INFORMED CONSENT AND PRIVACY AUTHORIZATION FORM

**Protocol Title**: **Vitamin E Dosing Study (VEDS): A dose finding clinical trial of vitamin E for the treatment of adult NAFLD**

**Application No.:** **IRB00240822**

**Funded By:** **National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK)**

**Lead Study Investigator:** Arun Sanyal, MD
Virginia Commonwealth University Medical Center
West Hospital, 14th Floor
1200 East Broad Street
Richmond, VA 23298
(804)827-0716
Arun.sanyal@vcuhealth.org

---

You are being asked to join a research study. Participation in this study is voluntary. Even if you decide to join now, you can change your mind later.

This study is a multi-site study, meaning it will take place at several different locations. Because this is a multi-site study, this informed consent form includes two parts. The first part of this document includes information that applies to all study sites. The second part of the consent form includes information specific to the study site where you are being asked to enroll.

## 1. Research Summary (Key Information):

The information in this section is intended to be an introduction to the study only. Complete details of the study are listed in the sections below. If you are considering participation in the study, the entire document should be discussed with you before you make your final decision. You can ask questions about the study now and at any time in the future.

You are being asked to participate in a research study for adults who have nonalcoholic fatty liver disease (NAFLD). You were selected as a possible participant because you have been diagnosed with NAFLD.

Vitamin E is a strong antioxidant. Antioxidants are molecules that fight free radicals in your body. Free radicals are compounds that can cause harm if their levels become too high in your body. Antioxidants reduce stress to tissues, which prevents tissue damage. Since oxidative stress may be part of the cause of NAFLD in some patients, it is possible that vitamin E may help patients with NAFLD.

The purpose of the VEDS trial is to find out if vitamin E is effective in adults with NAFLD compared to placebo capsules. The placebo capsules and all vitamin E capsules look alike, but the placebo capsules do not have any active ingredients. If you choose to participate, whether you get assigned to take vitamin E or the placebo capsules will be random, like the flip of a coin. We will determine changes in NAFLD by measuring blood levels of a liver enzyme (ALT) during the 24 weeks of study drug administration. Your participation in this study could last up to 13 months.

To be eligible for this study, you must be at least 18 years old. You will need to have had a FibroScan examination that shows you may have NAFLD and a recent blood test that shows your liver enzyme (ALT) is high. You cannot have drunk significant amounts of alcohol within the past year, and we will ask you questions to check that you are not drinking significant amounts of alcohol during the study. If you are a woman capable of becoming pregnant, you must agree to use one or more effective birth control methods during the study. Women who are pregnant or nursing an infant may not enroll in the study.

## 2. Why is this research being done?

This research is being done to discover whether vitamin E is effective in adults with NAFLD. Different doses will be tested in this study to determine the smallest effective dose of vitamin E.

***Are there any investigational drugs/devices/procedures?***

The use of vitamin E in this research study is investigational. The word "investigational" means that vitamin E is not approved for marketing to treat NAFLD by the Food and Drug Administration (FDA). The FDA is allowing the use of vitamin E in this study.

***Who can join this study?***

People at least 18 years of age or older with a FibroScan exam showing NAFLD with high liver enzymes (ALT) may join. Participants in this study cannot have drunk significant amounts of alcohol within the past year, and will be asked questions to check amounts of alcohol used during the study.

***How many people will be in this study?***

200 adults with a diagnosis of NAFLD nationwide will be enrolled in this study across all sites.

## 3. What will happen if you join this study?

If you agree to be in this study, we will ask you to do the following things:

**Visit #1 - Screening visit**

If you agree to be in this study, you will be asked to sign and date this consent form. You will have the following tests and procedures to make sure you are eligible:

- We will ask you to come to this visit fasting (nothing to eat or drink except water for 12 hours before the visit). We will also ask you to come to this visit wearing clothing that allows access to your abdomen.
- We will draw about six (6) tablespoons (90 mL) of your blood for laboratory testing and for storage for future use.
    - The specimens that we store will include your serum and plasma (a clear, yellowish fluid left after separation of blood cells).
    - Your blood will be tested for hepatitis B and hepatitis C if these tests have not been done in the past five (5) years.

- We will interview you and give you a physical examination, including blood pressure, heart rate, temperature, respiratory rate, height, weight, waist and hip measurements. The study doctor will listen to your heart, lungs, and examine your abdomen, skin, eyes, ears, throat, chest, extremities, and nervous system.
- We will ask you to complete surveys about your overall beverage intake, your alcohol use, and your liver symptoms.
- We will ask about your health and any medicines you are taking or have taken in the past.
- If eligible, you will receive a FibroScan® (ultrasound) exam at this visit. This exam is explained separately below.
- The Study Coordinator will provide educational material regarding diet and exercise.
- You may not be pregnant during this study. If you are able to become pregnant, we will perform a urine pregnancy test.

It may not be possible to complete all the screening procedures on the same day; therefore, you may be asked to return to the clinic for an additional screening visit to complete study testing.

As part of this study, you will be tested for hepatitis B and hepatitis C if you have not been tested in the past 5 years. You will be notified of the results of the testing, and counseled as to the meaning of the results, whether they are positive or negative. If the test indicates that you are infected with hepatitis B and/or hepatitis C, you will receive additional counseling about the significance of your care and possible risks to other people. Positive results may have to be reported to the health department depending on local regulations. If you do not want to be tested for hepatitis B or hepatitis C, then you should not agree to participate in this study. If the test results are positive for hepatitis B or hepatitis C, you will not be allowed to continue in the study.

**Visit #2 - <u>Randomization (Study Drug Assignment)</u>**
The randomization visit occurs after the screening evaluations are complete. We will determine whether or not you continue to meet eligibility criteria. Your blood pressure, heart rate, temperature, and respiratory rate will be measured. You will be seen by the study doctor and asked about your current health.

If you are still eligible for the study, we will use a computer to randomly choose the study drug you will be given. This is random (by chance), like a flip of a coin. Neither you nor the study team will know what dose you were assigned or whether you are receiving vitamin E or placebo. In this consent form, "study drug" refers to vitamin E or placebo. Once the assignment has been made, the study staff will give you a carton of blister packets of study drug, enough for 24 weeks, and teach you how to take the drug. You will swallow two capsules (both capsules from one 'blister' in the blister packaging) with water each morning for 24 weeks during the study. The study staff will discuss possible side effects. You will be asked to return in approximately 4 weeks for a follow-up visit.

**Visit #3 – <u>Week 4 Follow-Up Visit</u>**
Approximately four (4) weeks after your randomization visit, we will ask you to return for another visit. We will ask you to bring your empty study drug packaging to this visit. At this visit, we will ask you to participate in the following:

- We will interview you and give you a physical examination, including blood pressure, heart rate, temperature, respiratory rate, height, weight, waist and hip measurements.
- We will ask you to complete surveys about your alcohol use and your liver symptoms.

- We will ask about your health and any changes in medicines you are taking and how well you followed the study drug dosing schedule.
- You will be given information to maintain diet and exercise.
- Approximately 2 teaspoons (10 mL) of blood will be drawn for laboratory tests to monitor your response to and tolerance of the study drug.
- The study doctor will discuss any side effects with you and will review dosing instructions.

If it is not possible to come to the clinic for this visit, some or all of the activities listed above may be done remotely via telemedicine.

You will be asked to return in approximately 4 weeks for your next follow-up visit.

**Visit #4 – Week 8 Follow-Up Visit**
Approximately eight (8) weeks after your randomization visit, we will ask you to return for another visit. We will ask you to bring your empty study drug packaging to this visit. At this visit, we will ask you to participate in the following:

- We will interview you and give you a physical examination, including blood pressure, heart rate, temperature, respiratory rate, height, weight, waist and hip measurements.
- We will ask you to complete surveys about your alcohol use and your liver symptoms.
- We will ask about your health and any changes in medicines you are taking and how well you followed the study drug dosing schedule.
- You will be given information to maintain diet and exercise.
- Approximately 2 teaspoons (10 mL) of blood will be drawn for laboratory tests to monitor your response to and tolerance of the study drug.
- The study doctor will discuss any side effects with you and will review dosing instructions.

If it is not possible to come to the clinic for this visit, some or all of the activities listed above may be done remotely via telemedicine.

You will return in approximately 4 weeks for your next follow-up visit.

**Visit # 5- Week 12 Follow-Up Visit**
Approximately twelve (12) weeks after the randomization visit, we will ask you to return for the fifth visit. We will ask you to bring your empty study drug packaging to this visit. At this visit, we will ask you to participate in the following:

- We will ask you to come to this visit fasting (nothing but water for 12 hours before the visit).
- We will interview you and give you a physical examination, including blood pressure, heart rate, temperature, respiratory rate, height, weight, waist and hip measurements.
- We will ask you to complete surveys about your alcohol use and your liver symptoms.
- We will ask about your health and any changes in medicines you are taking and how well you followed the study drug dosing schedule.
- You will be given information to maintain diet and exercise.
- Approximately 3 tablespoons (45 mL) of blood will be drawn for lab tests to monitor your response to the study drug and for serum and plasma biospecimen storage.

- The specimens that we store will include your serum and plasma (a clear, yellowish fluid left after separation of blood cells).
- The study doctor will discuss any side effects with you and will review dosing instructions.

You will be asked to return in approximately 12 weeks for your next follow-up visit.

**Visit # 6- Week 24 End of Dosing Visit**
Approximately 24 weeks after the randomization visit, we will ask you to come back for the sixth study visit. We will ask you to bring your remaining study drug blister packages AND empty packaging to this visit. These will be collected and any remaining capsules will be counted. You will stop taking the study drug as of this visit. You will continue to come in for 3 more study visits to measure how long the effects of study drug last, but you will no longer be taking study drug. At this visit, we will ask you to participate in the following:

- We will ask you to come to this visit fasting (nothing but water for 12 hours before the visit). We will also ask you to come to this visit wearing clothing that allows access to your abdomen.
- We will interview you and give you a detailed physical examination, including blood pressure, heart rate, temperature, respiratory rate, height, weight, waist and hip measurements. The study doctor will listen to your heart and lungs, and examine your abdomen, skin, eyes, ears, throat, chest, extremities, and nervous system.
- We will ask you to complete surveys about your beverage intake, alcohol use, and your liver symptoms.
- We will ask about your health and any changes in medicines you are taking and how well you followed the study drug dosing schedule.
- You will be given information to maintain diet and exercise.
- We will draw about five tablespoons (70 mL) of your blood for lab tests, to monitor your response to the study drug and for serum and plasma biospecimen storage.
    - The specimens that we store will include your serum and plasma (a clear, yellowish fluid left after separation of blood cells).
- If eligible, you will receive a FibroScan® exam at this visit.
- We will ask about your health and any medicines you are taking or have taken in the past.

You will be asked to return in approximately 4 weeks for your next study visit to assess any duration of study drug response, and to evaluate for any adverse effects.

**Visit # 7- Week 28 Follow-Up Visit**
Approximately 28 weeks after the randomization visit, we will ask you to come back for the seventh study visit. At this visit, we will ask you to participate in the following:

- We will interview you and give you a physical examination, including blood pressure, heart rate, temperature, respiratory rate, height, weight, waist and hip measurements.
- We will ask you to complete surveys about your alcohol use and your liver symptoms.
- We will ask about your health and any changes in medicines you are taking.
- You will be given information to maintain diet and exercise.
- Approximately 2 teaspoons (10 mL) of blood will be drawn for lab tests to monitor you for any lasting response to the study drug.

If it is not possible to come to the clinic for this visit, some or all of the activities listed above may be done remotely via telemedicine.

You will be asked to return in approximately 8 weeks for your next study visit to see if the study drug had any lasting effects on your health, good or bad.

**Visit # 8- Week 36 Follow-Up Visit**
Approximately 36 weeks after the randomization visit, we will ask you to come back for the eighth study visit. At this visit, we will ask you to participate in the following:

- We will interview you and give you a physical examination, including blood pressure, heart rate, temperature, respiratory rate, height, weight, waist and hip measurements.
- We will ask you to complete surveys about your alcohol use and your liver symptoms.
- We will ask about your health and any changes in medicines you are taking.
- You will be given information to maintain diet and exercise.
- Approximately 2 teaspoons (10 mL) of blood will be drawn for lab tests to monitor you for any lasting response to and tolerance of the study drug.

If it is not possible to come to the clinic for this visit, some or all of the activities listed above may be done remotely via telemedicine.

You will be asked to return in approximately 12 weeks for your next study visit to see if the study drug had any lasting effects on your health, good or bad.

**Visit # 9- Week 48 Follow-Up Visit (Completion of the study)**
Approximately 48 weeks after the randomization visit, we will ask you to come back for the final study visit. You need to come to this visit fasting. This means that you can drink only water for the 12 hours before to the visit. At this visit, we will ask you to participate in the following:

- We will review your medical history and give you a physical examination, including blood pressure, heart rate, temperature, respiratory rate, height, weight, waist and hip measurements. The study doctor will listen to your heart and lungs, and examine your abdomen, skin, eyes, ears, throat, chest, extremities, and nervous system.
- We will ask you to complete surveys about your beverage intake, alcohol use, and your liver symptoms.
- We will ask about your health and any changes in medicines you are taking.
- You will be given information to maintain diet and exercise.
- We will draw about five tablespoons (70 mL) of your blood for lab tests, to monitor you for any lasting response to the study drug and for serum and plasma biospecimen storage.
- The specimens that we store will include your serum and plasma (a clear, yellowish fluid left after separation of blood cells).
- If eligible, you will receive a FibroScan® exam at this visit.

**FibroScan® exam**
As stated above, we will perform a FibroScan® (ultrasound) exam in eligible patients at three (3) study visits: at screening, 24-week visit, and 48-week visit. The FibroScan® takes measurements of your liver tissue and provides data regarding the status of your liver. FibroScan® works by emitting a small pulse of energy, called a shear wave, which will feel like a light tap on your skin. FibroScan® calculates the

speed of this energy as it travels through your liver and translates that speed with two scores that a care provider could use to determine the overall health of your liver. The first score is a measure of your liver's stiffness, the second score measures liver fat. If you agree to participate, in preparation for the FibroScan® exam, you will be asked to fast (not eat or drink) at least 3 hours before the exam. Wear clothing that allows access to the abdomen. You will lie on your back for the procedure. During the exam, you will be asked to remain still and to hold your breath for approximately 10 seconds. A FibroScan®-certified technician will apply a small amount of gel to your skin and will slide the probe over the area of the abdomen where your liver is located. The FibroScan® exam from start to finish will take about 20 to 30 minutes.

You are not eligible for this study if you:

- Use an implantable active medical device such as a pacemaker or defibrillator;
- Have a wound near the application site of the FibroScan® probe
- Have fluid in the abdomen area (ascites)

**Will research test results be shared with you?**

This study involves research tests that may produce information that could be useful for your clinical care. We will share the results of any laboratory or other tests obtained that are important for your clinical care. If you will be participating in the FibroScan® procedure the study doctor may go over the results of your FibroScan® with you during your study visit because the results from the FibroScan® test are immediately available. Otherwise, you will not receive the results of research testing done using questionnaires, or your blood.

**How long will you be in the study?**

You will be in this study for a minimum of 48 weeks and a maximum of 13 months.

## 4. What happens to data and biospecimens that are collected in the study?

The VEDS study is being conducted by Nonalcoholic Steatohepatitis Clinical Research Network (NASH CRN), a group of researchers sponsored by the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK). The NASH CRN and our research partners work to advance science and public health. The data and biospecimens we collect from you are important to this effort.

If you join this study, you will not own the data and/or biospecimens collected from you as part of this research study. If researchers use them to create a new product or idea, including those that may have commercial value, you will not benefit financially from these efforts. Neither the NIDDK, the sponsor of this study, nor the NIDDK Central Repository will benefit financially from such ventures.

The NIDDK Central Repository is a research resource supported by the National Institutes of Health. The Repository collects, stores, and distributes biospecimens and study data from people with many kinds of disorders, from unaffected family members, and from other healthy people. The purpose of this collection is to make biospecimens and data available for use in health research. Your biospecimens and data will be used by the researchers carrying out the VEDS study, but they also may be used by other researchers and/or commercial companies after the study ends. During the VEDS study we will be responsible and care for your study data and biospecimens. After this study is complete, study data and biospecimens will be under the guardianship of the NIDDK Central Repository. This means they will be responsible for the study data and biospecimens, will care for them, and will make decisions about how they are used. Your study data and biospecimens may be used for research long into the future. Researchers who use study data and biospecimens held at the Repository may be from anywhere in the

world, and they may test and analyze them using methods not invented yet. There will be an approval process for researchers who want to work with the study data and biospecimens being held at the Repository. Researchers will be required to tell the Repository about the research they plan to do. They may be required to obtain ethics approval. They will have to sign an agreement stating that they will not try to find out who you are. If you sign this form, you consent to these future uses of your study data and biospecimens.

Your data and blood biospecimens will be labeled with a code number before they are sent to the NIDDK Central Repository. Your name, address, social security number, date of birth and other direct personal identifiers will not be sent to the NIDDK Central Repository, and hence the NIDDK Central Repository will not be able to give out your name or other information that directly identifies you to the researchers who use your data and biospecimens. You can change your mind and withdraw consent to participate in this study up until the end of the study. When study researchers receive written instructions from you to withdraw consent to continue participation in the study, they will not collect any more data or biospecimens on you for the purpose of the study. Data and biospecimens collected up until the time that you withdraw may be retained and used in order for the study to be scientifically valid. Data and biospecimens sent to the NIDDK Central Repository will be given a unique code number and directly identifiable information will be removed. Data and biospecimens that have been stripped of personal identifiers cannot be retrieved. After the VEDS study ends, you will not be able to withdraw your biospecimen because the NIDDK Central Repository will not know which one is yours. The biospecimen may stay in the NIDDK Central Repository indefinitely.

***What testing or procedures may be done with your biospecimens?***

Your biospecimens may be used for a variety of research purposes. The specific testing that will be part of this study includes laboratory tests for levels of liver enzymes and other substances in your blood.

***How will your data and/or biospecimens be shared now and in the future?***

Sharing data and/or biospecimens is part of research and may increase what we can learn from this study.

Often, data/biospecimen sharing is required as a condition of funding or for publishing study results. It also is needed to allow other researchers to validate study findings and to come up with new ideas.

Your data and/or biospecimens may be shared:

- directly with research collaborators, other researchers, sponsors, government agencies, publishers of papers and other research partners including commercial companies
- through government or other databases/repositories

Data/biospecimen sharing could change over time, and may continue after the study ends.

We will do our best to protect and maintain your data/biospecimens in a safe way. Generally, if we share your data/biospecimens without identifiers (such as your name, address, date of birth) further review and approval by an ethics committee, IRB, is not needed. However, when we share data/biospecimens, we limit the uses of the information and whether these data/biospecimens can be shared with another research team. If data/biospecimens are shared with identifiers, further IRB review and approval may be needed and the IRB will determine whether additional consent is required.

NASH CRN researchers may also use the biospecimens collected in this study for future research purposes. This future research may be unrelated to the current study and may include outside collaborators.

Because science constantly advances, we do not yet know what future testing may include. If biospecimens are tested/used in ways not described above, further IRB review and approval may be needed and the IRB will determine whether additional consent is required.

If you are not comfortable with the use of your data/biospecimens in future research, you may not participate in this study.

## 5. What are the risks or discomforts of the study?

**Vitamin E:**
While you are taking the study drug, you are at risk for the following side effects. Known possible side effects of long-term use of vitamin E are listed below but they will vary from person to person.

Possible side effects of vitamin E:
- Nausea, diarrhea, flatulence, stomach cramps
- Weakness, fatigue
- Headache, dizziness
- Blurred vision
- Increased risk of bleeding, bleeding gums
- Increased risk of prostate cancer

If you are in the group that receives placebo (inactive substance), your symptoms or condition related to your liver disease may worsen or not improve.

**Blood Draw**
Each blood draw may cause mild discomfort, such as swelling, temporary pain, sensation of burning, or a bruise that may develop and last for a few days. Less common risks include a blood clot at the site of puncture, swelling of the vein and surrounding tissues, and possible bleeding from the puncture site. Very rarely, fainting, blood clots, or an infection at the site can occur.

**FibroScan® Exam**
There are no known direct risks from the FibroScan® medical device which uses ultrasound waves. However, you may feel minor soreness over the area where the ultrasound probe contacts the abdomen. There is a small risk of allergic reaction to the gel used during the procedure. Ultrasound gel is water-based. There is no radiation exposure.

**Fasting for visits:**
You may experience discomfort or dizziness as a result of fasting before study visits. Less commonly, you could experience fainting. To minimize this risk, if you begin to feel lightheaded or dizzy, you should let the researcher know and eat and/or drink as necessary.

**Interviews or questionnaires**
You may get tired or bored when we are asking you questions or you are completing questionnaires. You may be uncomfortable answering some questions. You may tell the researcher that you feel uncomfortable or do not want to answer a particular question. You do not have to answer any question you do not want to answer.

**Identifiable private information**
There is the risk that information about you may become known to people outside this study.

**Unknown risk**
There may be side effects and discomforts that are not yet known.

## 6. Are there risks related to pregnancy?
It is unknown whether this research may hurt an embryo or fetus. You may not participate in this study if you are pregnant or intend to become pregnant during the course of the study.

## 7. Are there benefits to being in the study?
You may or may not benefit from being in this study. The possible benefit you may experience from the study drug described in this research includes improvement in your liver disease. However, there is no guarantee that you will benefit from being in this research. If you take part in this study, you may help others in the future.

## 8. What are your options if you do not want to be in the study?
You do not have to participate in this study. If you do not join, the standard medical care you normally would receive will not be affected.

## 9. Will it cost you anything to be in this study?
You will not be charged for study visits or for procedures done solely for the study. You or your insurance company will be responsible for any cost that is not study-related, such as: liver biopsy or other test ordered to diagnose your condition and medications used to treat you.

## 10. Will you be paid if you join this study?
Whether or not you will be paid for participating in this study will be decided by your local institution.

You may be required to provide your social security number to be paid for taking part in this study. Federal tax law requires that you report your research payments when you file your taxes. You will receive tax documentation (if needed) from your local institution.

## 11. Can you leave the study early?
- You can agree to be in the study now and change your mind later.
- If you wish to stop, please tell us right away.
- Leaving this study early will not stop you from getting regular medical care.

If you leave the study early, we may use or share your health information that has already been collected if the information is needed for this study or any follow-up activities.

## 12. Why might we take you out of the study early?

You may be taken out of the study if:

- Staying in the study would be harmful.
- You need treatment not allowed in the study.
- You fail to follow instructions.
- You become pregnant.
- The study is cancelled.
- There may be other reasons to take you out of the study that we do not know at this time.

If you are taken out of the study early, the NASH CRN may use or give out your health information that has already been collected if the information is needed for this study or any follow-up activities.

## 13. How will your privacy be maintained and how will the confidentiality of your data be protected?

Your records will not be released without your consent to the extent the law allows. As a way to establish and maintain a trusting relationship with you, it is necessary that we keep confidential any discussion that we have with you about certain sensitive subjects (e.g., alcohol or drug use, sexual activities) unless you permit otherwise, or unless there is a strong compelling medical reason for doing differently.

**How will your information be protected?**

Efforts will be made to keep your personal information confidential. We cannot guarantee absolute confidentiality. Your personal information may be disclosed if required by law. Your identity will be held in confidence in reports in which the study may be published. Your participation in this study will be kept confidential and your name, address, and other personal identifying information will not be made known to anyone other than study personnel at this clinic. Your health and medical information will be sent to the Data Coordinating Center currently located at The Johns Hopkins Bloomberg School of Public Health in Baltimore, Maryland. The information will be labeled with only an identifying number and code that cannot be linked to your name or other personal identifiers except at the clinical center where you complete visits. When results from this study are published in medical literature, you will not be identified by name.

Representatives of the National Institutes of Health, Data Coordinating Center, the Office of Human Research Protections or other experts may review your records at visits to the clinic as part of the ongoing monitoring of the progress of the study. In addition, representatives from the Institutional Review Board at this clinic may review your records, including your medical record.

## 14. Will the study require any of your other health care providers to share your health information with the researchers of this study?

As a part of this study, the researchers may ask to see your health care records from your other health care providers.

## 15. What is a Certificate of Confidentiality?

Your study information is protected by a Certificate of Confidentiality. This Certificate allows us, in some cases, to refuse to give out your information even if requested using legal means.

It does not protect information that we have to report by law, such as child abuse or some infectious diseases. The Certificate does not prevent us from disclosing your information if we learn of possible harm to yourself or others, or if you need medical help.

Disclosures that you consent to in this document are not protected. This includes putting research data in the medical record or sharing research data for this study or future research. Disclosures that you make yourself are also not protected.

## 16. What other things should you know about this research study?

During the study, we will tell you if we learn any new information that might affect whether you wish to continue to participate.

A description of this clinical trial will be available on https://www.ClinicalTrials.gov, as required by U.S. Law. This Web site will not include information that can identify you. At most, the Web site will include a summary of the results. You can search this Web site at any time. If you would like to review the information for this study, or a summary of the results, ask the study team doctor for the ClinicalTrials.gov study registration number.

During this study, you will not have access to certain medical information and test results collected for study purposes. If an emergency occurs while you are in the study, medical information needed for your treatment can be made available to your study doctor and other physicians who treat you. When the study is completed, all the information in your medical record related to this research study will be available to you.

**What is the Institutional Review Board (IRB) and how does it protect you?**

This study has been reviewed by an Institutional Review Board (IRB), a group of people that reviews human research studies. The IRB can help you if you have questions about your rights as a research participant or if you have other questions, concerns or complaints about this research study. You may contact your local IRB or the Johns Hopkins IRB.

For this multi-site study, Johns Hopkins has agreed to serve as the single IRB (sIRB) providing oversight for all sites. You may contact the Johns Hopkins IRB at 410-502-2092 or jhmeirb@jhmi.edu with your questions or concerns.

## 17. Optional Study Components:

This part of the consent form is about optional component(s) of the study that you can choose to take part in or not. You can still take part in the main study even if you say "no" to this/these optional component(s).

**Future Contact**

We would like your permission for our research team to contact you in the future. Please note that your decision below does not prevent other researchers at your institution from contacting you about other research.

**Please sign and date your choice below:**

**YES, YOU MAY CONTACT ME IN THE FUTURE**

_____ _____
Signature of Participant Date

**NO, YOU MAY NOT CONTACT ME IN THE FUTURE**

_____ _____
Signature of Participant Date

# SITE SPECIFIC CONSENT INFORMATION

**Site Name**: Virginia Commonwealth University
**Study Title**: Vitamin E Dosing Study (VEDS): A dose finding clinical trial of vitamin E for the treatment of adult NAFLD
**JHM IRB Application Number**: IRB00240822
**Site Principal Investigator**: Arun J. Sanyal, MD
**Site Principal Investigator Contact Information:** Virginia Commonwealth University
Division of GI/Hepatology
1200 East Broad Street14th Floor
P.O. Box 980341
Richmond, Virginia 23298-0341
United States
**Emergency Contact:** Arun J. Sanyal, MD at 804-828-4060 (24 hours)

## Introduction:

This study is being done at multiple sites. This part of the consent form includes information about your site and is specific to participation at your site only. Before making your decision, both the site-specific information and general study information will be reviewed with you. You will have the opportunity to discuss any questions, including questions about this portion of the consent document, with your site's study team.

## Costs to Study Participants:

The study drug and visits will be provided at no charge to you. Tests and procedures that are done only for the study will not be billed to you or your insurance company.

You might have unexpected expenses from being in this study. Ask your study doctor to discuss the costs that will or will not be covered by the Sponsor.

## Payment for Study Participation:

You will receive a stipend to participate in this research study. You will receive a reimbursement check in the mail within 6 weeks after each completed study visit. The stipend amount is $100 for screening visit , $100 for randomization visit, $100 for week 4 and week 8 visits, $150 for week 12 visit, $200 for week 24 visit, $150 for week 28 visit, $100 for week 38 visit, $200 for week 48 visit. Total payments within one calendar year that exceed $600 will require the University to report these payments annually to the IRS and you. This may require you to claim the compensation you receive for participation in this study as taxable income. VCU is required by federal law to collect your social security number. Your social security number will be kept confidential and will only be used to process payment.

## Compensation for Research-Related Injury:

If you are injured by, or become ill, from participating in this study, please contact your study doctor immediately. Medical treatment is available at the Virginia Commonwealth University Health System (VCU Health System). Your study doctor will arrange for short-term emergency care at the VCU Health System or for a referral if it is needed.

Fees for such treatment may be billed to you or to appropriate third party insurance. Your health insurance company may or may not pay for treatment of injuries or illness as a result of your participation in this study. To help avoid research-related injury or illness, it is very important to follow all study directions.

## Site IRB Contact Information:

If you have general questions about your rights as a participant in this or any other research, or if you wish to discuss problems, concerns or questions, to obtain information, or to offer input about research, you may contact:

Virginia Commonwealth University Office of Research
800 East Leigh Street, Suite 3000, Box 980568, Richmond, VA 23298
(804) 827-2157; https://research.vcu.edu/human_research/volunteers.htm

## Additional information about your local site:

Your blood sample may need to be tested for hepatitis and HIV. If this is needed, it will be discussed with you beforehand. Virginia state law requires the study staff to report the results of positive tests for hepatitis and HIV to a local health agency.

If you tell us that you may hurt yourself or someone else, the law says that we must let people in authority know.

## How will your privacy be maintained and how will the confidentiality of your data be protected?

### HIPAA Authorization for Disclosure of Protected Health Information

**What information is being collected, used, or shared?**
To do this research, we will need to collect, use, and share your private health information. By signing this document, you agree that your health care providers may release your private health information to us, and that we may use any and all of your information that the study team believes it needs to conduct the study. Your private information may include things learned from the procedures described in this consent form, as well as information from your medical record (which may include information such as HIV status, drug, alcohol or STD treatment, genetic test results, or mental health treatment).

**Who will see, use or share the information?**
The people who may request, receive or use your private health information include the researchers and their staff. Additionally, we may share your information with other people at Virginia Commonwealth University, for example if needed for your clinical care or study oversight. By signing this form, you give permission to the research team to share your information with others outside of Virginia Commonwealth University. This may include the sponsor of the study and its agents or contractors, outside providers, study safety monitors, government agencies, other sites in the study, data managers and other agents and contractors used by the study team. We try to make sure that everyone who sees your information keeps it confidential, but we cannot guarantee that your information will not be shared with others. If your information is disclosed by your health care providers or the research team to others, federal and state confidentiality laws may no longer protect it.

**Do you have to sign this Authorization?**
You do not have to sign this Authorization, but if you do not, you may not join the study.

**How long will your information be used or shared?**
Your Authorization for the collection, use, and sharing of your information does not expire. Additionally, you agree that your information may be used for similar or related future research studies.

**What if you change your mind?**
You may change your mind and cancel this Authorization at any time. If you cancel, you must contact the Principal Investigator in writing to let them know by using the contact information provided in this consent form. Your cancellation will not affect information already collected in the study, or information that has already been shared with others before you cancelled your authorization.

## What does your signature on this consent form mean?

Your signature on this form means that you have reviewed the information in this form, you have had a chance to ask questions, and you agree to join the study. You will not give up any legal rights by signing this consent form.

## Signature Lines:

Your signature on this form means that you have reviewed the information in this form, you have had a chance to ask questions, and you agree to join the study. You will not give up any legal rights by signing this consent form.

## WE WILL GIVE YOU A COPY OF THIS SIGNED AND DATED CONSENT FORM

Signature of Participant (Print Name) Date/Time

Signature of Person Obtaining Consent (Print Name) Date/Time

Signature of Interpreter/Witness to Consent Procedures (Print Name) Date/Time
(Required for studies enrolling non-English speakers using the short form process or otherwise as determined required by the IRB)

**NOTE: A COPY OF THE SIGNED, DATED CONSENT FORM MUST BE KEPT BY THE PRINCIPAL INVESTIGATOR; A COPY MUST BE GIVEN TO THE PARTICIPANT**